

Good Life Pharmacy MedPack Patient Adherence Program

Medications will be packaged on the last week of each month for medication to be delivered or mailed. Each set (roll) of multi-dose MedPack baggies will start each month on the 1st and will end on the last day of the month.

Medication change requests (time changes, etc.) must be communicated with the pharmacy prior to the last week of each month. If your prescriber changes your medication we can help you identify the medication in the baggie that should not be taken or changed (each baggie will already have a description of each medication included). If you prescriber adds a new medication we will package the medication in a card with dates and times to be taken. Then when the new roll is prepared for the next month the new change will be included.

Each set of medication will have the date of the month, day of the week and time of the day that each baggie should be taken. You simply rip off the baggie and take the medications. If you have more than 3 different medications to be taken at one time multiply baggies will need to be taken (only 3 medications are packaged in a baggie).

A fee schedule for MedPacking exists for patients desiring this service as follows:
\$0.67/day unlimited medications,
 or **\$1.00/day** unlimited medications if medication roll is mailed to home.
 (MedPack Assistance available – ask pharmacist for details)

Benefits –

- ✓ We take care of all refills requests for you – you will no longer wait to get your medication refill ok from the doctor’s office.
- ✓ We synchronize your medications so they will all be filled on the 1st of each month.
- ✓ You do not need to make multiple stops into the pharmacy each month.
- ✓ We send out a monthly bill with all your MedPack medications charged each month.



I authorize Good Life Pharmacy to inform my physician(s) that I am enrolled in this program.

I understand I will be responsible for paying my medication charges and MedPack fees monthly.

Patient Name _____

Patient Signature _____ Date _____

Pharmacist Witness _____